

INSTRUCTIONS FOR FORM UP-1N

NEGATIVE REPORTS ARE REQUIRED!

HOLDER INFORMATION:

This form is for holders with no unclaimed property to report.

ITEM 1- Enter your federal employer identification number.

ITEM 2- Enter your business name and mailing address.

ITEM 3- If this report is being prepared by an agent on behalf of the business, enter the agent's name and address.

ITEM 4- Enter the name of the person completing the form.

ITEM 5- Enter the telephone number for the person completing the form.

ITEM 6- Enter the electronic mail address for the person completing the form.

ITEM 7- Enter the date your business was incorporated or registered.

ITEM 8- Enter the state where your business is registered or incorporated.

ITEM 9- Enter primary business activity.

ITEM 10- Enter number of employees.

ITEM 11- Enter annual sales/premiums.

ITEM 12- Enter premiums written in Georgia (if applicable)

ITEM 13- Enter total assets.

VERIFICATION:

The report must be certified by a CFO, partner or company officer.



NEGATIVE HOLDER REPORT FORM 2006

Negative reports are required!

ARE YOU A 1ST TIME FILER? Y [] N []

HOLDER INFORMATION

1. FEDERAL EMPLOYER ID#		2. HOLDER (Business Name)	
ADDRESS			
CITY, STATE, ZIP CODE			
3. IS THIS REPORT BEING PREPARED BY AN AGENT ON BEHALF OF THE HOLDER? Y [] N [] IF YES, FURNISH AGENT NAME AND ADDRESS:			
4. NAME OF CONTACT PERSON		5. TELEPHONE ()	6. E-MAIL ADDRESS
7. DATE OF INCORPORATION	8. STATE OF INCORPORATION	9. PRIMARY BUSINESS ACTIVITY	
10. NO. OF EMPLOYEES	11. ANNUAL SALES/PREMIUMS	12. PREMIUMS WRITTEN IN GA	13. TOTAL ASSETS

REPORT INFORMATION

INTANGIBLE PROPERTY - (Outstanding Checks)

14a. Total accounts \$50.00 or more	_____ 0 _____	14b. Dollar Value \$	_____ 0 _____
14c. Total accounts less than \$50.00	_____ 0 _____	14d. Dollar Value \$	_____ 0 _____
		14e. Report Total \$	_____ 0 _____

OTHER PROPERTY (Safe deposit boxes, stocks, mutual funds)

14f. Number of shares of stock or mutual fund shares	_____ 0 _____
14g. Number of safe deposit boxes/safekeeping items	_____ 0 _____

VERIFICATION STATEMENT

I, _____ certify that I have caused to be prepared and have examined this report totaling \$ _____ 0 as to property presumed abandoned under the "Disposition of Unclaimed Property Act" for the year ended as stated, that I am duly authorized to execute this verification by the holder and that I believe said report to be true, correct and complete as of said date to the best of my knowledge and belief.

Signature of Responsible Officer

Printed or Typed Name Responsible Officer

Title of Responsible Officer/Agent

Date